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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 66188NAT(50964)	
Application Number 10/591,098		Filed August 29, 2006	
For PHARMACEUTICAL COMPOSITION FOR TOPICAL USE IN FORM OF XEROGELS OR FILMS AND METHODS FOR PRODUCTION			
Art Unit 1611	Examiner	Trevor M Love	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ 65.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	Fee \$1110	Small Entity Fee \$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,024</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u>			
<u>/Jeffrey D. Hsi/</u> Signature		January 27, 2011 Date	
<u>Jeffrey D. Hsi</u> Typed or printed name		(617) 517-5569 Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			